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POWER OF ATTORNEY				First Named Inventor				Birgit Neudecker				
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U.S. Patent and Tradament Office; U.S. DEPARTMENT OF COMMERCE
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM  Indication  Indication Form  Indication Form  Indication Form  Indication  Indication  Indication Form  Indication Form  Indication					Applicati	on Number	10/822	,074-Co	nf. #2100	
CORRESPONDENCE ADDRESS INDICATION FORM  Title					Filling Date		April 9, 2004			
Title   AGENT WITH PROTECTIVE AND, REGENERATIVE   EXPECT   Art Unit   1616   Examiner Name   Not Yot Assigned   Attorney Docket No.   20806/1204671-US1   I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:    X   Practitioners associated with the Customer Number:   07278		POWER (	OF ATTORNEY	First Nar	ned Inventor	Birgit Neudecker				
INDICATION FORM  Title EFFECT Art Unit 1616 Examiner Name Not Yet Assigned Attorney Docket No. 20806/1204971-US1  I heraby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:  X Practitioners associated with the Customer Number: 07278  OR Practitioner(a) named below:  Name Registration Number Name Registration Number: Number Number Number: 07278  Practitioner(b) named below:  Name Registration Number Name Number: 07278  The address associated with the above-mentioned Customer Number: 07278  OR OR OR The address associated with Customer Number: 07278  The address associated with Customer Number: 07278  OR OR OR The address associated with Customer Number: 07278  Erik R. Swanson DARBY & DARBY P.C.  Address P.O. Box 5257  Cily New York State NY Zip 10150-5257  Country US Telephone (212) 527-7700 Email  I am the:  X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Assignee of Record  Note: Signature of all the inventors or assignees of record of the entire interest or their representative(q) are required, see below.			and		TOPICALLY	APPLIED	IDEBENC	NE-CONTA	INING	
Examiner Name   Not Yet Assigned	COR			Title		VITH PROTECTIVE AND, REGENERATIVE				
Attorney Docket No. 20806/1204971-US1  I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:  X Practitionere associated with the Customer Number: 07278  OR  Practitioner(a) named below:  Name Registration Number Number  Name Registration Number Number: 07278  Practitioner(b) named below:  Registration Number Number Number: 07278  The address associated with the above-mentioned development of transact all business in the United States Patent and Trademark Office connected therewith.  Please reacgnize or change the correspondence address for the above-identified application to:  X The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Film or Erik R. Swanson Inakidual Name DARBY & DARBY P.C.  Address P.O. Box 5257  City New York State NY Zip 10150-5257  Country US Telephone (212) 527-7700 Email I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. Sae 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Signature of applicant or Assignee of Record  Signature Signature Patent Wileland Telephone (49 - 7/1 45 7 54 9 ( 1 Telephone Imventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple torms it more than one signature is required, see below*.		INDICA	TION FORM	Art Unit		1616				
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patient and Trademark Office connected therewith.  Please racognize or change the correspondence address for the above-identified application to:    X   The address associated with the above-mentioned Gustomer Number:  OR				Registratio	on No		***************************************			7
Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  X The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Film or Individual Name DARBY & DARBY P.C.  Address P.O. Box 5257  City New York State NY Zip 10150-5257  Country US Telephone (212) 527-7700 Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Date -/o/25/06  Name Eberhard Wieland Telephone 49 - 7/1 46 7 56 9 (  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torms if more than one signature is required, see below.	P8E	ima		Number	Na	me			Number	
Country US  Telephone (212) 527-7700 Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Date  10/25/06  Name  Eberhard Wieland  Telephone #49-7/186 75891  Title and Company Inventor  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Patent a	and Trademark recognize of The address The address The address The address	Office connected there change the correspond associated with Cust associated with Cust Erik R. Swanson DARBY & DARBY	with ondence i above-m omer Nur	address fo entioned (	r the above-l	dentified :			nited States
Country US  Telephone (212) 527-7700 Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Date  10/25/06  Name  Eberhard Wieland  Telephone #49-7/186 75891  Title and Company Inventor  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City	New York		Sinta	INV		Zin I	10160.67	557	
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Signature  Name Eberhard Wieland Telephone Flore inventor  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I am	n the: Applicant/Inv Assignee of i	record of the entire in	terest. S	ee 37 CFI	₹ 3.71.	we11331			
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